FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:		DR-1	oF /
This is an initial* Statement of Organization This is an amended* Statement of Organization	Reset Form	(Rev. 01/2006)	ORGANIZATION
"An initial Statement of Organization must be filed within 10 days of the o	ommittee's accepting contributions.	For Office Use	Only O
making expenditures, or incurring indebtedness exceeding \$750. Amend a change. Penalties may be imposed for late-filed Statements of Organiz	terrenden mer end han diland residiain con alas an are	indexed	13 7 3
		Audited	a 11/10/07
thousand invertigation concerning the campaign for the new office s	ought.	Computer OF	JAWKS A
COMMITTEE NAME (A candidate's committee must include the candidate's last name in the name of the committee.)			
Friends of Jusan Tamase			
INFORTANT: Indicate type of committee you are reporting for			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (5) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (10) School Board or Other (10) School Board or Other Pac (10) School Board or Other Pac (
(10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue(including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand		
Name + Al VC- E \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Name ↓ ↓	atory except for a	zaruidate s committee)
Mailing Address	Mailing Address ↓ ↓		
City, State & Zio Code + +			
W. Des Moines IA SOR GC	City, State ↓ ↓ Zip Code ↓ ↓		
Phone (\$75) 223-8643			
	Phone ()		
MINCATE PURPOSE OF COLUMN MINCATE PURPOSE OF	e-Mail		
INDICATE PURPOSE OF COMMITTEE - Check One Box X Ac Comment or description:	dvocate for/against candidate(s)	vocate for ballot iss	ue(s)
All Candidates Enter:	County/I and Condidates a	vocate against ball nd Local Ballot Co	ot issue(s) mmittees Enter
Office Sought Stall Representa	tive county: Dalla:	_	
Political Party (if applicable) <u>Nemocrat</u>	(If active in multiple ballot issu		ist of counties
District: 4/	Date of Election: Noven	thes 200	·\$
Year Standing for Election: 2008	Date of Election. TADACT.	100 (= 10	
Bank Associated			
Bank Account Name	Candidate name & Address or Pr	arent Entity (PACs	if applicable).
Bank Account Name	I C ++ A	ffiliate, or Sponsor	if applicable).
Friends of Susan Temere Name of Financial Institution/type of Account	Susan Tomore Mailing Address	ffiliate, or Sponsor	if applicable),
Friends of Susan Temere Name of Financial Institution/type of Account	Susan Temes Mailing Address	filiate, or Sponsor	if applicable),
Friends of Susan lemere Name of Financial Institution/type of Account	Susan Teme	filiate, or Sponsor	
Friends of Susan Temere Name of Financial Institution/type of Account Union State Bank-Business	Susan Temer Mailing Address P.O. Box 66	ffiliate, or Sponsor	Zip ↓ ↓
Friends of Susan Temere Name of Financial Institution/type of Account Union State Bank-Business	Susan Temes Mailing Address P.O. Box 66 City Waukee]	ffiliate or Sponsor	
Friends of Susan Temere Name of Financial Institution/type of Account Union State Bank-Business Mailing Address 201 West Court Ave	Susan Temer Mailing Address P.O. Box 66	ffiliate, or Sponsor	Zip ↓ ↓
Bank Account Name Friends of Susan Temere Name of Financial Institution/type of Account Union State Bank-Business Mailing Address 201 West Court Ave City 1 State 1 Zip 1	Susan Temes Mailing Address P.O. Box 66 City Waukee]	ffiliate or Sponsor	Zip ↓ ↓
Friends of Susan Temere Name of Financial Institution/type of Account Union State Bank-Business Mailing Address 201 West Court Ave City + State + Zip + + Winterset + A 50273	Susan Temes Mailing Address P.O. Box 66 City	ffiliate or Sponsor	Zip ↓ ↓
Bank Account Name Friends of Susan Temere Name of Financial Institution/type of Account Union State Bank-Busines Mailing Address 201 West Court Ave City + State + Zip + Winterset TA 50273 STATEMENT OF AFFIRMATION: By filing this document the committee at	Susan Temer Mailing Address P.O. Box 66 City + Waukee - Phone (5/5) 770 - 19 e-Mail Tirms the following:	ffiliate or Sponsor	zip 0263
Bank Account Name Friends of Susan Temere Name of Financial Institution/type of Account Union State Bank-Business Mailing Address 201 West Court Ave City State 1 Zip 1 Winterset TA 50273 STATEMENT OF AFFIRMATION: By filling this document the committee at 1. The committee and all persons connected with the committee understand the	Susan Temer Mailing Address P.O. Box 66 City + Waukee - Phone (5/5) 770 - 19 e-Mail Tirms the following:	ffiliate or Sponsor	zip 0263
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STATEMENT OF AFFIRMATION: By filing this document the committee and 1. The committee and all persons connected with the committee understand the rules in Chapter 351 of the lowa Administrative Code. 2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of discisual position of other criminal and civil sanctions. 3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require to materials except for those items exempted by statute or rule. A committee that	Susan Temer Mailing Address P.O. Box 66 City Waukee Phone (5/5) 770- e-Mail Tirms the following: at they are subject to the laws in lowa Cod osure reports and that the failure to file the andidate's committee) to the automatic assume the placement of the words "paid for by" and wishes to register a committee mane for a wishes to register a committee mane for a committee to register a committee mane for a committee man	State 1 576 9/	Zip ↓ ↓ O 2 6 3 38B and the administrative re the required due dates enalty and the possible
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